FY03 CBVet School Schedule

03FFB2003 REV 03

COURSE	CDP	CIN	UIC	MAX	Class Convening Dates - Gulfport, MS						
BU-AT1	3299	A-710-0036	55460	24	6-Jan-03	24-Feb-03	28-Apr-03	2-Jun-03	14-Jul-03	18-Aug-03	
BU-AT2	329A	A-710-0037	55460	24	27-Jan-03	10-Mar-03	7-Apr-03	12-May-03	28-Jul-03	2-Sep-03	
SW-AT1	329B	A-711-0019	55460	12	3-Feb-03	2-Jun-03	7-Jul-03	11-Aug-03			
SW-AT2	329C	A-711-0020	55460	12	24-Feb-03	16-Jun-03	21-Jul-03	8-Sep-03			
EO-AT1	329T	A-730-0003	55460	24	3-Feb-03	17-Mar-03	14-Apr-03	12-May-03	9-Jun-03	7-Jul-03	18-Aug-03
EO-AT2	329U	A-730-0004	55460	24	6-Jan-03	24-Feb-03	31-Mar-03	28-Apr-03	27-May-03	21-Jul-03	8-Sep-03

Phase Numbers switched.

Pole climbing now taught in CE-AT1 course.

COURSE	CDP	CIN	UIC	MAX	Class Convening Dates - Port Hueneme, CA						
CE-AT1	329S	A-721-0027	0612A	12	3-Mar-03	17-Mar-03	14-Apr-03	16-Jun-03	28-Jul-03	25-Aug-03	8-Sep-03
CE-AT2	329K	A-721-0026	0612A	24	6-Jan-03	3-Feb-03	28-Apr-03	2-Jun-03	14-Jul-03	11-Aug-03	
CM-AT1	328S	A-610-0024	0612A	25	24-Feb-03	31-Mar-03	14-Jul-03	18-Aug-03			
CM-AT2	3296	A-610-0025	0612A	25	10-Mar-03	14-Apr-03	28-Jul-03	15-Sep-03			
UT-AT1	329H	A-720-0039	0612A	12	24-Mar-03	16-Jun-03	4-Aug-03				
UT-AT2	329J	A-720-0040	0612A	12	7-Apr-03	18-Aug-03	15-Sep-03				

***** New Order Writing System (NOWS) *****

https://nows.cnrf.navy.mil/now/login.stm

"Start Date" will be your Travel Date (day before class).

"Report No Later Than Date" will be your Class Convening Date.

"End Date" will be your Travel Date home (day after class).

"BCN" - Billet Control Number - provided upon approval by Quota Control (CBVET@ncf.navy.mil) or 1-800-878-5867 Toll Free

All courses have 10 class days, except for classes impacted by 26MAY02 (Mem.Day); and 01SEP02 (Labor Day) Orders will start on the days listed above. Classes starting on 27MAY03 and 02SEP03 must use a Federal "holiday" for travel time.

Contract Instructor classes are color coded **BLUE**

"All personnel attending a formal school will receive a Height/Weight/Body Fat measurement on the first day of class." CMDCM(SCW) Ron Boone
Naval Construction Training Center Gulfport

2/3/2003 worksheet: START DATE LIST filename: FY03 CB-VET SCHED REV 03.xls

FY03 CB-VET Course Time-Line Chart

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REQUEST FOR TRAINING ORDERS

SEE COMNAVRESFORINST 1571.7G

	uired information may result in dela	ays, response to or disapproval of y								
1. SSN:		2. GRADE	3. NAME (LAST, FIRS	T MIDDLE)						
4. DESIG/NEC:	5. SEX:	6. WORK PHONE		7. HOME PHONE:						
8. HOME ADDRESS:		RESERVE UNIT ASSIGNED:	:	AUIC: IRAD:						
				RUIC:	_ RBSC:					
9. TYPE : () AT	()IDTT ()ADT () GROUP () IADT () INVOL () NON-PA	AY () MOD ()	BACK-TO-BACK					
10. A: REPORT [C	HOICE #1]	10. B. NUMBER DAYS:	10. C. DESTINATION I	LOCATION :	UIC:					
DATE:		AT: ADT	COURSE: CDP	/CIN _						
TIME:		IDTT DAYS:	COURSE NAME:							
10. A: REPORT [C	HOICE #2]	10. B. NUMBER DAYS:	10. C. DESTINATION I	LOCATION :	UIC:					
DATE:		AT: ADT								
TIME:		IDTT DAYS:	COURSE NAME:	NAME:						
11. DESTINATION COMM	MAND CONTACTED: YES / NO	POC:		PHONE:						
12. TRAVEL ITINERARY	DATES:	` ′	13. TYPE TRAVEL: () CONUS () OUTCONUS () NATO 1. () GTR Directed/Arranged by NAVPTO/NOLA							
AIRPORT DEP:		2. () Govt. Transport	2. () Govt. Transportation Directed/ (Airlift/NALO)							
AIRPORT ARR:) POV Authorized As Most Advantageous To The Government) POV Authorized Not To Exceed GTR							
DATE DEPART:		5. () Transoceanic/In 6. () Local Commute								
DATE DEL ART.		, , ,								
TIME (NET):		8. () Program Manager Use Only 9. () Program Manager Use Only								
TIME (NLT):			,							
DATE RETURN:										
14. JUSTIFICATION/REM	MARKS:									
CB-VET COORDINATOR	R NAME & TEL. #:									
directives. I also understa will amount to or reasonal	and that I am subject to the same a bly create the appearance of using mation I obtain while on duty for p	standards of conduct directives dur g any military position for personal g	ing any time I am performin gain or the benefit of my civi	g inactive duty (drills). I will, ilian employer. I will also refra	and Navy Department Standards of Conduc during any duty I perform take no action wh ain from using or reasonably creating the n my ability to follow these standards, I will					
15. DATE:		16. APPLICANTS SIGNATUR	16. APPLICANTS SIGNATURE:							
CERTIFICATION - MEME COURSE	BER IS FULLY QUALIFIED FOR F	REQUESTED DUTY AND MEETS 1	THE HIV AND BODY FAT F	REQUIREMENTS AND ALL F	PREREQUISITES FOR REQUESTED					
17. REPORTING/ADDITION	ONAL INSTRUCTIONS/TEXT CO	DE:								
18. APPROVED DISA	PPROVED	UNIT CO/GCL/OIC		DATE:						
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	.PPROVED	RESFMS SITE REVIEW		DATE:						
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20. REMARKS/DISAPPR	OVAL CODE:									
NAVRES 1571/15 (2-93)	S/N 0117-LF-015-3900	Supercedes NAVRES	Forms 1571/2; 1571/6; 157	71/6a; 1571/7; 1571/11						

REQUEST FOR TRAINING ORDERS

SEE COMNAVRESFORINST 1571.7G

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 U.S.C. 301 departmental regulations. The principal purpose is to enable you to make known your desire 🚯 raining duty. The information will be used to assist in determining your eligibility for and approving or disapproving the training duty being requested. Completion of the form is voluntary, howeve failure to provide the required information may result in delays, response to or disapproval of your request. 2. GRADE 3. NAME (LAST, FIRST MIDDLE) 1. SSN 123-45-6789 EXAMPLE, Joe S. 4. DESIG/NEC: 6. WORK PHONE 7. HOME PHONE: 5 SEX $(000)\ 000-0000$ (999) 999-9999 M none 8. HOME ADDRESS: 11235 Seabee Ave NMCB-99 Seaport, CA RUIC: 85106 RBSC: (see RUAD) 9. TYPE: (X)AT ()IDTT ()ADT () GROUP () INVOL () NON-PAY () IADT () MOD () BACK-TO-BACK 10. A: REPORT [CHOICE #1] 10. B. NUMBER DAYS: 10. C. DESTINATION LOCATION: GULFPORT UIC: 55460 AT: <u>12</u> ADT COURSE: CDP 3299 /CIN A-710-0036 [all this on CB-Vet Schedule] DATE: <u>08JAN03</u> [See CB-Vet Schedule] IDTT DAYS: __ TIME: 0700 COURSE NAME: BU Phase I (BU-1) 10. B. NUMBER DAYS: 10. C. DESTINATION LOCATION:___GULFPORT__ UIC:__55460_ A: REPORT [CHOICE #2] DATE: <u>25FEB03</u> [See CB-Vet Schedule] AT: <u>12</u> ADT_ COURSE: CDP 3299 /CIN A-710-0036 [all this on CB-Vet Schedule] IDTT DAYS: ___ COURSE NAME: BU Phase I (BU-1) TIME: 0700 11. DESTINATION COMMAND CONTACTED: YES POC: SWC Engle (GP) -or- BUCS Peluso (Port Hueneme) PHONE: DSN 868-2527 or DSN 551-4171 12. TRAVEL ITINERARY DATES: 13. TYPE TRAVEL: (X) CONUS () OUTCONUS () NATO 1. (X) GTR Directed/Arranged by NAVPTO/NOLA AIRPORT DEP: <u>LAX</u>) Govt. Transportation Directed/ (Airlift/NALO) 3. () POV Authorized As Most Advantageous To The Government AIRPORT ARR: New Orleans (MSY) [close to Gulfport]) POV Authorized Not To Exceed GTR 5. () Transoceanic/International Travel DATE DEPART: Day before Block #10. A. 6. () Local Commute 7. () Program Manager Use Only TIME (NET): 0600 8. () Program Manager Use Only 9. () Program Manager Use Only TIME (NLT): 1500 ["GTR" Means Gov't Transportation Request. Plane ticket & Rent-A-Car should be covered by checking this block.] DATE RETURN: Day after Block #10. B. [As stated on top of this form COMNAVRESFORINST 1571.7G is the instruction for these options.] 14. JUSTIFICATION/REMARKS: CB-VET COORDINATOR NAME & TEL. #: BU2 (SCW) First M. Last-Name (999) 999-9999 STANDARDS OF CONDUCT/CONFLICT OF INTEREST STATEMENT: I understand that during my active duty, I am subject to Defense Department and Navy Department Standards of Conduc directives. I also understand that I am subject to the same standards of conduct directives during any time I am performing inactive duty (drills). I will, during any duty I perform take no action which will amount to or reasonably create the appearance of using any military position for personal gain or the benefit of my civilian employer. I will also refrain from using or reasonably creating the appearance of using information I obtain while on duty for person gain or the benefit of my civilian employer. If events occur which might cast doubt on my ability to follow these standards, I will promptly notify my military superiors. 15. DATE: 16. APPLICANTS SIGNATURE: [30 DAYS BEFORE BLOCK #10. A.] [CB-Vet Coordinator must have signed copy.] CERTIFICATION - MEMBER IS FULLY QUALIFIED FOR REQUESTED DUTY AND MEETS THE HIV AND BODY FAT REQUIREMENTS AND ALL PREREQUISITES FOR REQUESTED 17. REPORTING/ADDITIONAL INSTRUCTIONS/TEXT CODE: 18. APPROVED DISAPPROVED UNIT CO/GCL/OIC DATE: () () 18 APPROVED DISAPPROVED RESFMS SITE REVIEW DATE: () 20. REMARKS/DISAPPROVAL CODE: